

FEC FORM 2 STATEMENT OF CANDIDACY

14 SEP 10 PH 2: 33

FEC FORM 2 (REV. 02/2009)

(a) Name of Candidate (in full)								
JONI ERNST								
(b) Address (number and street) 910 N 6TH ST	Address (number and street)			Candidate's FEC Identification Number S4IA00129				
(c) City, State, and ZIP Code								
RED OAK	IA 51566			Stater			XV4	(A)
4. Party Affiliation	5. Office Sought		6. State & Dis	trict of Candi	MCTMC46	<u> </u>	Tablix	
REPUBLICAN PARTY	Senate		IA					
TIET ODEIO/HT / ATT T								
DE	ESIGNATION OF P	RINCIPAL	CAMPAIG	N COMM	ITTEE			
7. I hereby designate the following na	med political committee as	my Principal C	ampaign Com	mittee for the	2014 (year of elec	election)	วก(\$).	
NOTE: This designation should be	filed with the appropriate of	fice listed in th	e instructions.					
(a) Name of Committee (in full)					W # 71111 10			
JONI ERNST FOR	U.S. SENATE, IN	IC.						
(b) Address (number and street) PO BOX 93441								
(c) City, State, and ZIP Code								
DES MOINES			IA	5039	3			
DE	SIGNATION OF O	THER AUT	HORIZED	СОММІТ	TEES			
	(Including Jo	int Fundraising	Representati	ves)				
I hereby authorize the following nar candidacy.	med committee, which is No	OT my principa	l campaign co	mmittee, to re	eceive and exp	oend funds	on beha	ilf of my
NOTE: This designation should be	filed with the principal camp	aign committe	e.					
(a) Name of Committee (in full)								
VICTORY TRUST 2	2014							
11010111 1110012	-017							
(b) Address (number and street) 228 S WASHINGTON STREE	T SUITE 115							
(c) City, State, and ZIP Code								
ALEXANDRIA			VA	22314	,			
I certify that I have exa	amined this Statement and	to the best of r	ny knowledge	and belief it is	s true, correct	and comple	ete.	
Signature of Candidate				Date				
JONI ERNST				09/05/20	14			
				in a Abia Ot-i		ina nEO 110	0.0.040	7.0
NOTE: Submission of false, erroneous	, or incomplete information	may subject th	ie person signi	ng this State	ment to penali	iles of Z U.S	s.c. 943	ry.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 2 /
	I OF OTHER AUTHORIZED COMMITTEES including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to receive and expend funds	on behalf of my
NOTE:This designation should be filed with the p	rincipal campaign committee.	
(a) Name of Committee (in full) FOUNDERS SENATE CANDI	IDATE COMMITTEE	····
(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115		
(c) City, State and ZIP Code		
ALEXANDRIA	VA 22314	
	N OF OTHER AUTHORIZED COMMITTEES ncluding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is candidacy.	s NOT my principal campaign committee, to receive and expend funds	on behalf of my
	oringinal campaign committee	
NOTE: This designation should be filed with the p	ancipal campaign commace.	
<u>-</u>	with the state of	
(a) Name of Committee (in full) SRGE VICTORY FUND	nnicipal campaign committee.	
(a) Name of Committee (in full) SRGE VICTORY FUND (b) Address (number and street) 901 N WASHINGTON ST	nincipal campaign committee.	
(a) Name of Committee (in full) SRGE VICTORY FUND (b) Address (number and street) 901 N WASHINGTON ST SUITE 700	nnicipal campaign committee.	
(a) Name of Committee (in full) SRGE VICTORY FUND (b) Address (number and street) 901 N WASHINGTON ST	VA 22314	
(a) Name of Committee (in full) SRGE VICTORY FUND (b) Address (number and street) 901 N WASHINGTON ST SUITE 700 (c) City, State and ZIP Code ALEXANDRIA DESIGNATION		[ADDITIONAL]
(a) Name of Committee (in full) SRGE VICTORY FUND (b) Address (number and street) 901 N WASHINGTON ST SUITE 700 (c) City, State and ZIP Code ALEXANDRIA DESIGNATION (In	VA 22314 N OF OTHER AUTHORIZED COMMITTEES	•
(a) Name of Committee (in full) SRGE VICTORY FUND (b) Address (number and street) 901 N WASHINGTON ST SUITE 700 (c) City, State and ZIP Code ALEXANDRIA DESIGNATION (Ir	VA 22314 I OF OTHER AUTHORIZED COMMITTEES including Joint Fundraising Representatives) NOT my principal campaign committee, to receive and expend funds	•
(a) Name of Committee (in full) SRGE VICTORY FUND (b) Address (number and street) 901 N WASHINGTON ST SUITE 700 (c) City, State and ZIP Code ALEXANDRIA DESIGNATION (Ir	VA 22314 I OF OTHER AUTHORIZED COMMITTEES including Joint Fundraising Representatives) NOT my principal campaign committee, to receive and expend funds	•
(a) Name of Committee (in full) SRGE VICTORY FUND (b) Address (number and street) 901 N WASHINGTON ST SUITE 700 (c) City, State and ZIP Code ALEXANDRIA DESIGNATION (Ir	VA 22314 NOF OTHER AUTHORIZED COMMITTEES including Joint Fundraising Representatives) NOT my principal campaign committee, to receive and expend funds intrincipal campaign committee.	•
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(a) Name of Committee (in full) SRGE VICTORY FUND (b) Address (number and street) 901 N WASHINGTON ST SUITE 700 (c) City, State and ZIP Code ALEXANDRIA DESIGNATION (Ir I hereby authorize the following named committee, which is randidacy. NOTE:This designation should be filed with the p (a) Name of Committee (in full) WINNING WOMEN FOR THE (b) Address (number and street) 228 S. WASHINGTON STREET	VA 22314 NOF OTHER AUTHORIZED COMMITTEES including Joint Fundraising Representatives) NOT my principal campaign committee, to receive and expend funds intrincipal campaign committee.	•

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) **ERNST VICTORY FUND** (b) Address (number and street) 500 CUMMINGS CENTER SUITE 4400 C/O RED CURVE SOLUTIONS (c) City, State and ZIP Code **BEVERLY** MA 01915 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my randidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code

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